



ST HELENA PUBLIC HEALTH LABORATORY
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WATER MICROBIOLOGY TEST REPORT



Sample type: *Swimming Pool* Routine Control **Mains – Chlorinated** Mains – Untreated Other (Specify)

Sample collection details: *Collected by: Brian Young* Name & Address of Customer: *Connect St Helena, Seales Corner* Collection date: *02/12/19*

Sample receipt details: *Date Received in Lab: 02/12/19* Testing Date: *02/12/19*

Lab No.	Source/Site	* Macroscopic Appearance	* Cl. Levels (ppm)		* WM 004 Total Colony Count cfu/1ml			Microbiology Results		
			Free	Total	22°C/72h	37°C/48h	WM 002		WM 003	
							Coliforms cfu/100 ml	E.coli cfu/100 ml		Enterococci cfu/100ml
W1019/1	Standpipe, Kingdom Hall Tank, Levelwood	Clear	1.82	1.95	7	4	Not Detected	Not Detected	Not Detected	
W1019/2	Standpipe, Levelwood Clinic	Clear	1.59	1.73	10	15	Not Detected	Not Detected	Not Detected	
W1019/3	Contact tank, Hutt's Gate	Clear	2.33	2.60	24	1	Not Detected	Not Detected	Not Detected	
W1019/4	Standpipe, Two Gun Saddle	Clear	2.29	2.62	0	0	Not Detected	Not Detected	Not Detected	
W1019/5	Standpipe, Spring Gut Tank	Clear	1.45	1.57	0	1	Not Detected	Not Detected	Not Detected	
W1019/6	Standpipe, Three Tanks	Clear	1.48	1.71	0	0	Not Detected	Not Detected	Not Detected	
W1019/7	Standpipe, Ruperts	Clear	2.57	2.80	14	7	Not Detected	Not Detected	2	
W1019/8	Standpipe, Dillons Tank, Jamestown	Clear	2.71	2.93	0	0	Not Detected	Not Detected	Not Detected	

KEY: cfu – colony forming units
 NE – Not examined

Reported by Ag. Food Microbiologist:	Keira Francis/ Kudzaishie Nayoto	Signature:	<i>[Signature]</i>	Date:	05/12/19
Checked by Ag Quality Manager:	Kudzaishie Nayoto	Signature:	<i>[Signature]</i>	Date:	06/12/19
Authorized by Ag. Lab Manager:	Wiseman Mbatha	Signature:	<i>[Signature]</i>	Date:	06/12/19

Notes:

1. Tests marked with * are NOT UKAS accredited
2. Opinions and interpretations expressed herein are outside the scope of UKAS Accreditation.
3. These results relate ONLY to the samples tested.
4. Chlorine levels and macroscopic appearance of water samples are provided by the customer on the request form and not by the Laboratory.
5. This report shall not be reproduced except in full, without written approval of the St Helena Public Health Laboratory.